

Name In Full

Certificate of Death

Charles M. Adams

Town

County

Died at

Westminster

Carroll

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Aug-18

Age

7

2nd

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Charles Adams

Mother's

Maiden Name

Don't know

Cause of

Primary

Cholera Infantum

How long sick

1 month

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. H. B. 105

Address

Westminster

A. H. C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Catholic Cemetery.

Name
in
Full

John de Arnacost

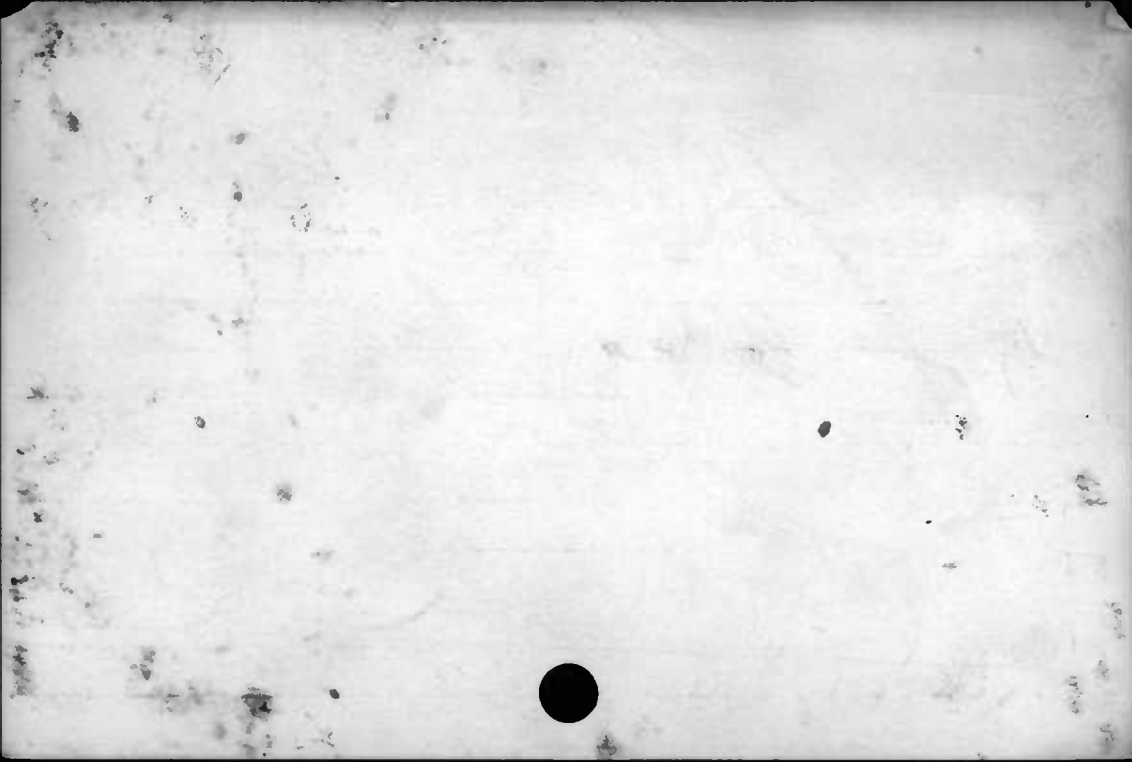
CERTIFICATE OF DEATH

Died at <i>Linksburg</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death 1902	Month <i>Aug.</i>	Day <i>18</i>	Age <i>7 months</i>	Years	Months <i>7</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Linksburg</i>		Occupation	
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name <i>Jno. W. Arnacost</i>			Father's Birthplace <i>Linksburg</i>		
Mother's Maiden Name <i>Lillian G. Constantine</i>			Mother's Birthplace <i>Reisterstown</i>		
Name of person giving information <i>Jno. W. Arnacost</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

Primary	<i>Enterocolitis</i>	How long <i>105</i>	<i>4 weeks</i>
Immediate	<i>Convulsions</i>	How long <i>1</i>	<i>hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Samuel L. Moore</i>	
		Address <i>Linksburg</i>	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name In Full

Certificate of Death

Ayers, Mason, Ephraim -

Died at

Sylkesville

County Ind

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
189-1902	8	27	-	1	19	Ind	-
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband
of
WifeFather's
Name

Elizabeth Ayers

Mother's
Name

Miriah S. Ayers

Cause of
PrimaryDeath
Immediate

Marasmus 105

How long sick

since birth

Accident, Suicide, Homicide

Reported by

M. Frank Lucas M.D.

Address

Sylkesville, Mo

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ralph

Barms

Town

County

MARYLAND

Died at

Gamber

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Aug 5

Age

- 6 - M d

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79948



Name in Full

Certificate of Death

Virginia Magdalena Coussley

Died at

Town

County

New Heights

Carroll

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

8 - 14

Age

0 1 - 28

Ireland

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Jerry Coussley

Mary Huston

Cause of

Primary

Marasmus

How long sick

6 wks

Death

Immediate

Coma

Accident, Suicide, Homicide

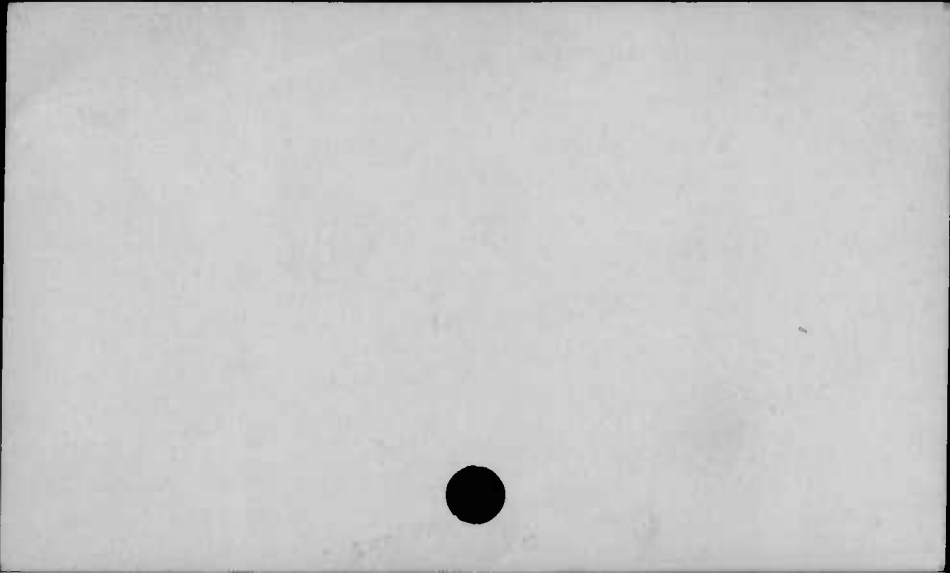
Reported by

J. E. Ballin

Address

Hammill, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

The Emmanuel Leaf

Town

Manchester

County

Carroll

MARYLAND

Died at

Date 1900

Month

Day

8 23

Y.

M.

D.

Age 76. 5. 5.

Native of

Occupation

America Shoe Maker

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Mary Leaf

Wife

Father's

Name

Amos Cox

Mother's

Maiden Name

Mary Murray

Cause of

Primary

Paralysis

Death

Immediate

Prostration

How long sick

9 months

Accident, Suicide, Homicide

Reported by

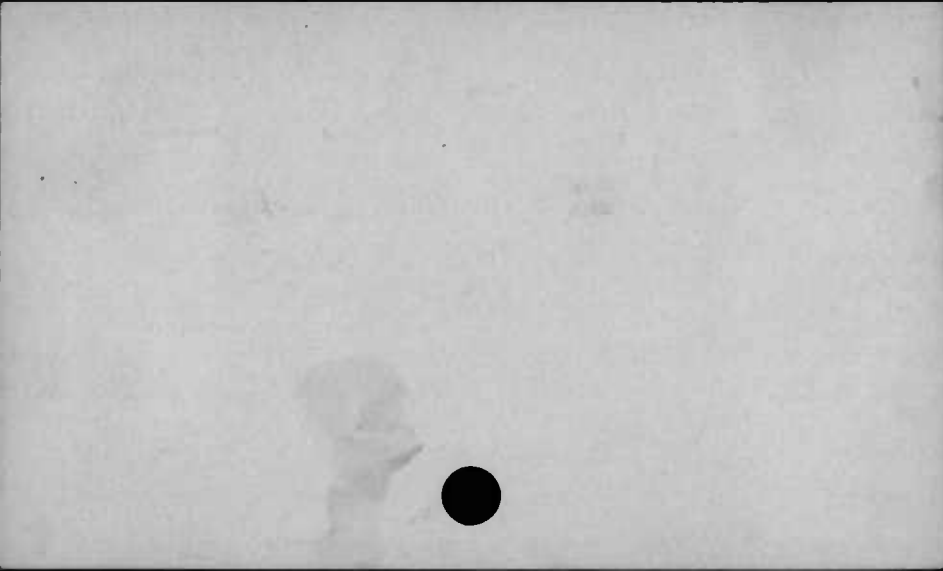
J. O. Preston

Address

Manchester

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John J. Deutrow</i>		Town <i>Carrollton</i>		County <i>Carroll</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Aug.</i>	Day <i>14</i>	Age <i>55</i>	Years <i>55</i>	Months <i>—</i>	Days <i>21</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Maryland</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>Blacksmith</i>						
Name of Wife or Husband <i>Dusanna Groves</i>							
Father's Name <i>John Deutrow</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Mary A. Glaeshiss</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving In formation <i>Mary A. Deutrow</i>				How related to deceased <i>wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>7 days</i>
Immediate <i>"</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jos. D. Henry</i>
	Address <i>Westminster</i>
Accident or Suicide? <i>✓</i>	

Thomson
Sisters

Name
in
Full

Bessie A Fisher

CERTIFICATE OF DEATH

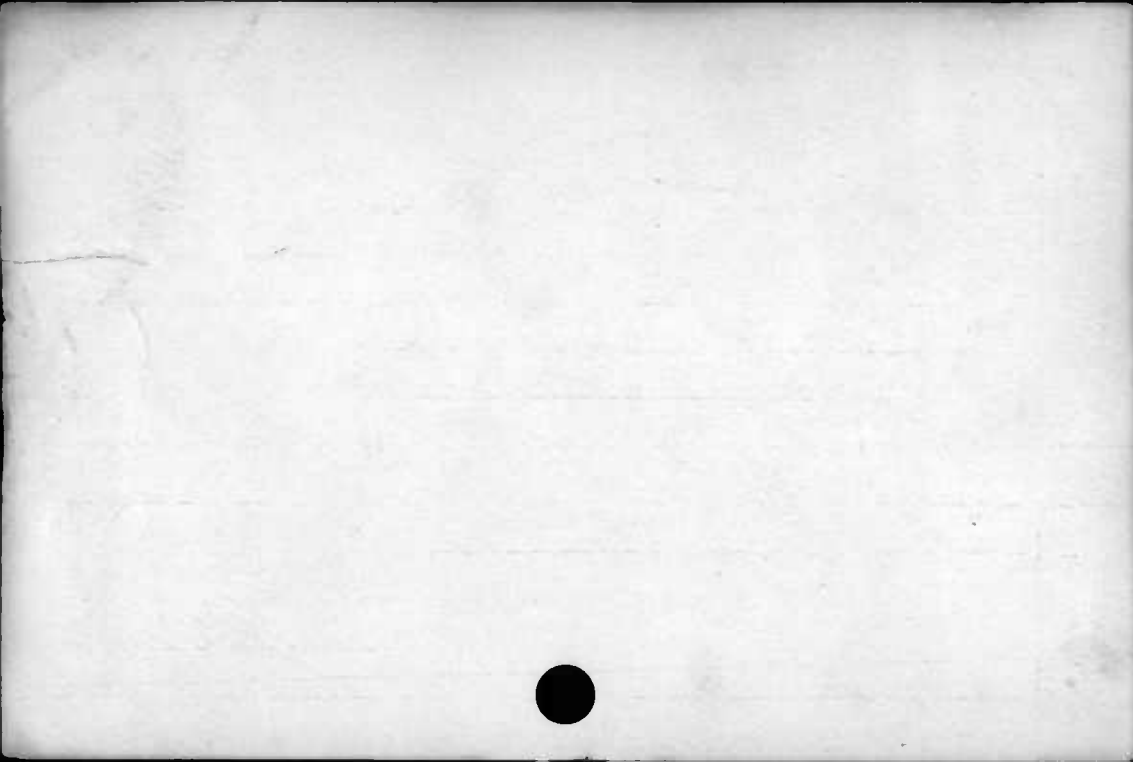
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Hagerstown</i>		^{County} <i>Garrett</i>		MARYLAND	
Date of death 190	<i>2</i>	Month <i>6</i>	Day <i>8</i>	Age ^{Years} <i>24</i>	^{Months} <i>8</i> ^{Days} <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband					
Father's Name <i>Joel Fisher</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			<i>135</i> How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long
Immediate <i>Hemorrhage in Child Birth</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L M Watkins</i>
<i>Hagerstown</i>		Address <i>Md</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Bessie A. Fisher

Died at *Westminster*

County *Carroll*

MARYLAND

Date of death 1902 *August 8th*

Age *24*

Months *8* Days

Sex *Female* Color or Race *White*

Birth-place *Maryland*

Married, Single or Widowed *Married*

Occupation

Name of Wife or Husband *Charles. Fisher*

Father's Name *Scott Rice*

Father's Birthplace *Maryland*

Mother's Maiden Name *Lillian Davis*

Mother's Birthplace *La*

Name of person giving information *Charles. Fisher*

How related to deceased *Husband*

CAUSES OF DEATH

Primary *Hemorrhage in childbirth*

How long *about 5 or 6 hours*

Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Chas R Foutz, M.D.*

Address

Westminster Maryland

Accident or Suicide?

Hagerstown

Shaner

Name In Full

Certificate of Death

Joseph Hart

Town

County

Died near Eldersburg Carroll

MARYLAND

Date 1902 Aug. 30 Y. M. D. Age 22 Native of Md. Occupation Laborer

Male ~~Female~~ Married ~~Single~~ Widowed ~~Widower~~ ~~Number of children living~~

Husband of _____

Wife _____

Father's Name Charlie Hart Mother's Name Rachael Wells

Maiden Name

Cause of Death { Primary Typhoid Fever How long sick 3 weeks

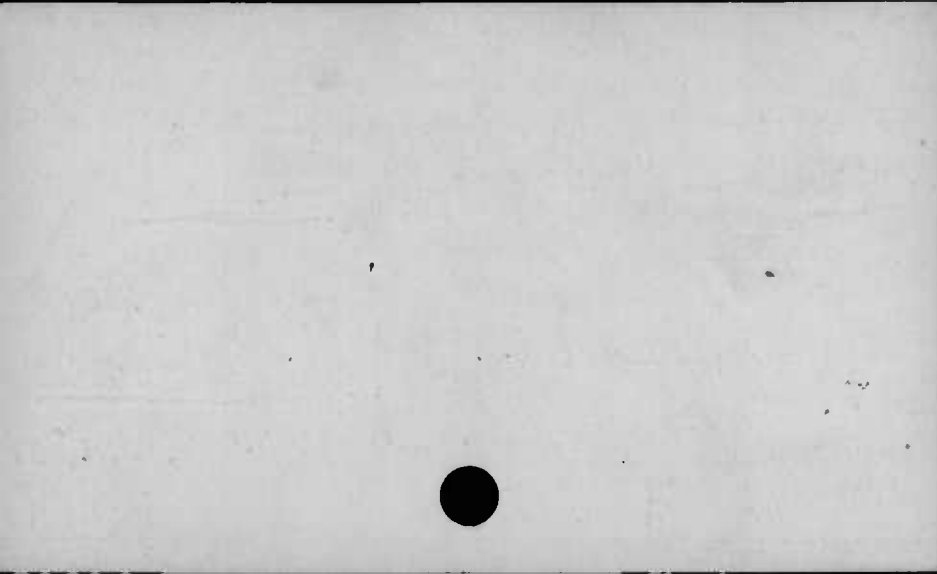
Immediate Perforation & Peritonitis

Accident, Suicide, Homicide

Reported by W. H. H. M.D.

Address Eldersburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Nicholas. Heck

Died at ^{Town} Pannytown^{County}

Carroll

MARYLAND

Date 18 ^{Month} 1902 ^{Day} 8 29Age ^{Y.} 84. ^{M.} 9. ^{D.} 17Native of ^{State} Md

Occupation

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

2

Husband
~~Wife~~ of

Sofiah Heck

Father's
NameMother's
Name

'Cause of Primary

Senility

Death Immediate

Exhaustion

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by

G. H. Davis.

Address

Pannytown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Susanna Lanyer

CERTIFICATE OF DEATH

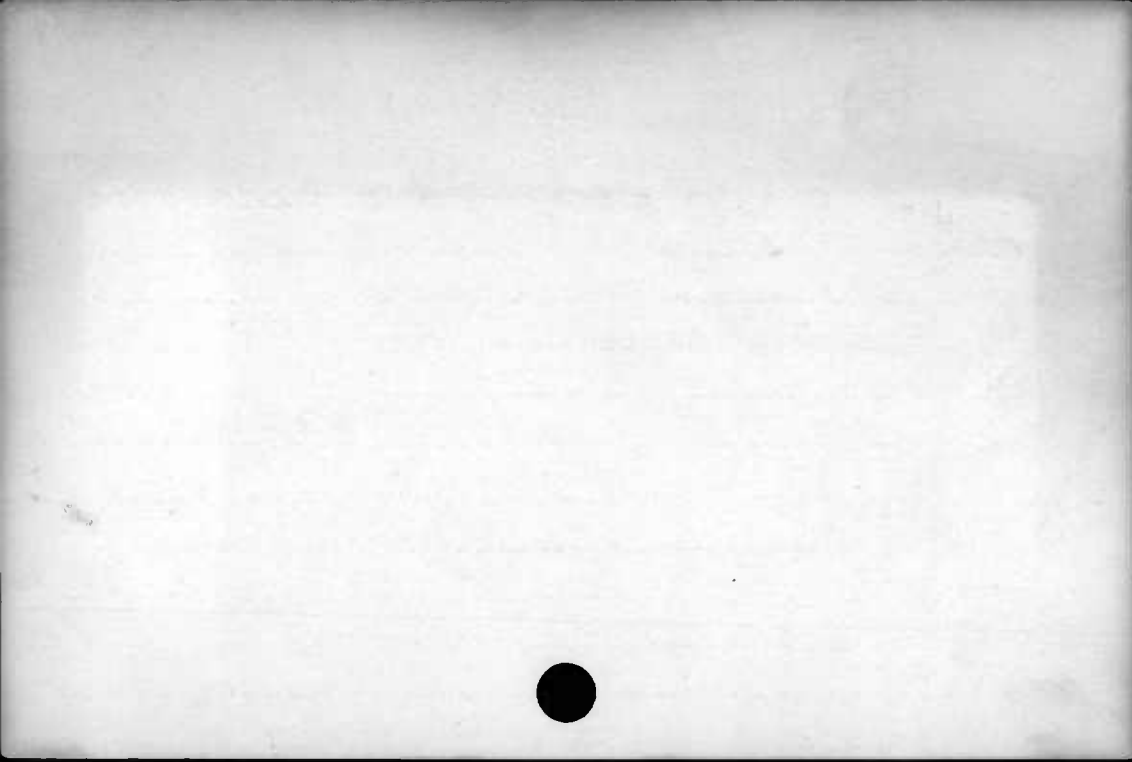
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 1902		Aug		30		Age 87	
Sex		Color or Race		Birth-place		Months	
Female		white		Maryland		3	
Married, Single or Widowed		Occupation				Days	
Married						10	
Name of Wife or Husband							
William Lanyer							
Father's Name		Father's Birthplace					
Jacob Thaeffer		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Susan Bixler		Maryland					
Name of person giving information		How related to deceased					
E. J. Lanyer		Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age	How long	154
Immediate	Heart Failure	How long	a few weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. H. B. B. B. M. D.	
		Address	
		Westbourne Md	
Accident or Suicide?			



Name in Full

Certificate of Death

Died at

MARYLAND

Date 19

02

Aug.

2

Age

6-2

15

Native of

Hnd

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Interocular Meningitis

How long sick

2 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Ridgely Nicie May

Town

County

Died at StanhurvilleBarrow

MARYLAND

Date <u>100</u> <u>1902</u>	Month <u>8</u> - Day <u>9</u> -	Y. <u>18</u>	M. <u>18</u>	D. <u>18</u>	Native of <u>MD</u>	Occupation <u>—</u>
Male <u>—</u>	White <u>—</u>	Married <u>—</u>	Widow <u>—</u>	Divorced <u>—</u>		
Female <u>—</u>	Colored <u>—</u>	Single <u>—</u>	Widower <u>—</u>	Number of children living <u>—</u>		

Husband of —Wife —

Father's Name

Samuel L. Ridgely

Mother's Name

Fannie May Ridgely Stanton

Cause of

Primary

Pulmonary Tuberculosis

How long sick

One year

Death

Immediate

ExhaustionAccident Suicide Homicide

Reported by

Dr. Frank Lucas MD -

Address

Stanhurville, Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Fanny May Harris
Macy May Ridgley

Name In Full

Certificate of Death

Charles W. Miller

Town

County

Died at

Warfieldburg

Carroll

MARYLAND

Date 19

02 Aug 17

Age

Y. M. D. 9 24

Native of

Md

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Frank Miller

Mother's

Maiden Name

Elsie Robinson

Cause of

Primary

How long sick

Death

Immediate

Enteric Colitis

Accident, Suicide, Homicide

Reported by

Dr Thos Coonan

Address

Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Stone Chapel

Name in Full

Certificate of Death

No 63

Lelia Alice Moore
 Died at ^{Town} Union Bridge ^{County} Carroll MARYLAND

Date 1902 ^{Month} Aug ^{Day} 13 ^{Age} 12 ^{M.} ^{D.} ^{Native of} Md ^{Occupation}
~~Male~~ ^{White} ~~Colored~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widow~~ ~~Number of children~~

Husband of _____
 Wife _____

Father's Name Henry H. Moore Mother's Name Mary Alice Moore

Cause of Death { Primary Typhoid Fever How long sick 12 days
 Immediate Convulsions

Reported by H. L. Fair, Md
 Address Union Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Wallace Morris

Died at ^{Town} Sykesville ^{County} Carroll

MARYLAND

Date 1902 ^{Month} 8 ^{Day} 18 ^{Age} ^{Y.} — ^{M.} 9 ^{D.} — ^{Native of} Md ^{Occupation} —

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband of —
Wife

Father's Name John Norfolk Morris

Mother's Name Corinne Adele ¹⁵¹ St LashmuthCause of Death { Primary Inanition - ~~premature~~

How long sick 9 days

Death { Immediate Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Daniel B. Sprucker

Address

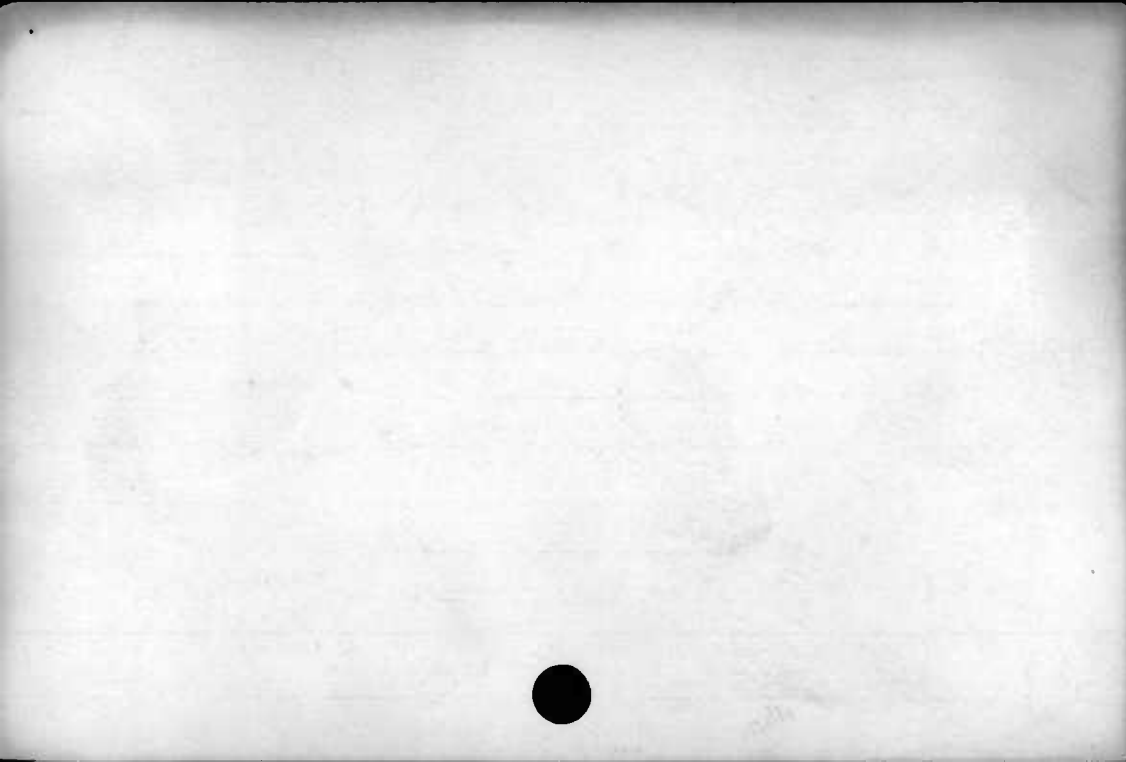
Sykesville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708



Name in Full		Christina Prugh				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Finksburg		County Carroll		MARYLAND	
	Date of death 190	2	Month Aug	Day 29	Age 34	Years 6	Months 1
	Sex	Female		Color or Race	white		Birth- place
	Married, Single or Widowed	Married		Maryland			
	Name of Wife or Husband	Albert Prugh					
	Father's Name	John Poulter				Father's Birthplace	Maryland
	Mother's Maiden Name	Sarah Hiner				Mother's Birthplace	Maryland
Name of person giving in formation	Blanch Brightwell				How related to deceased	Sister	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Typhoid fever				How long	10 days
	Immediate	Heart failure				How long	12 hours
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	S. K. Greenlee M.D.	
					Address	Hamber Md	
Accident or Suicide?							



Name In Full

Certificate of Death

Mary, C. Reigle,

Died at ^{Town} Westminster ^{County} Carroll MARYLAND

Date 1902 ^{Month} Aug- ^{Day} 24 Age 62-3- ^{Y.} ^{M.} ^{D.} ^{Native of} Md- ^{Occupation} Retired

^{Male} ^{White} ^{Married} ^{Widow} ^{Divorced}

^{Female} ^{Colored} ^{Single} ^{Widower} ^{Number of children living} None

Husband of

Wife

Father's Name Henry Brown Mother's Name 45

Cause of Death { Primary Cancer & broken down one year. How long sick

Death { Immediate Henry. Accident, Suicide, Homicide

Reported by Dr. John S. Mathias

Address Westminster Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

Riders cemetery

Name in Full

Certificate of Death

David Rindallan

Town

County

Died at

Tanytown

Carroll

MARYLAND

Date 1902

August 4th

Month

Day

Y.

M.

D.

Native of

Occupation

Age 78. 8. 13

Barroll Co, Md

Merchant Retired

Male

White

Married

Widow

Divorced

Widower

Number of children living

One

Husband

of

Emily Jane Hiteshne

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Gastritis

104

How long sick

Two months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

George T. Motter, M.D.

Address

Tanytown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name •
in
Full

CERTIFICATE OF DEATH

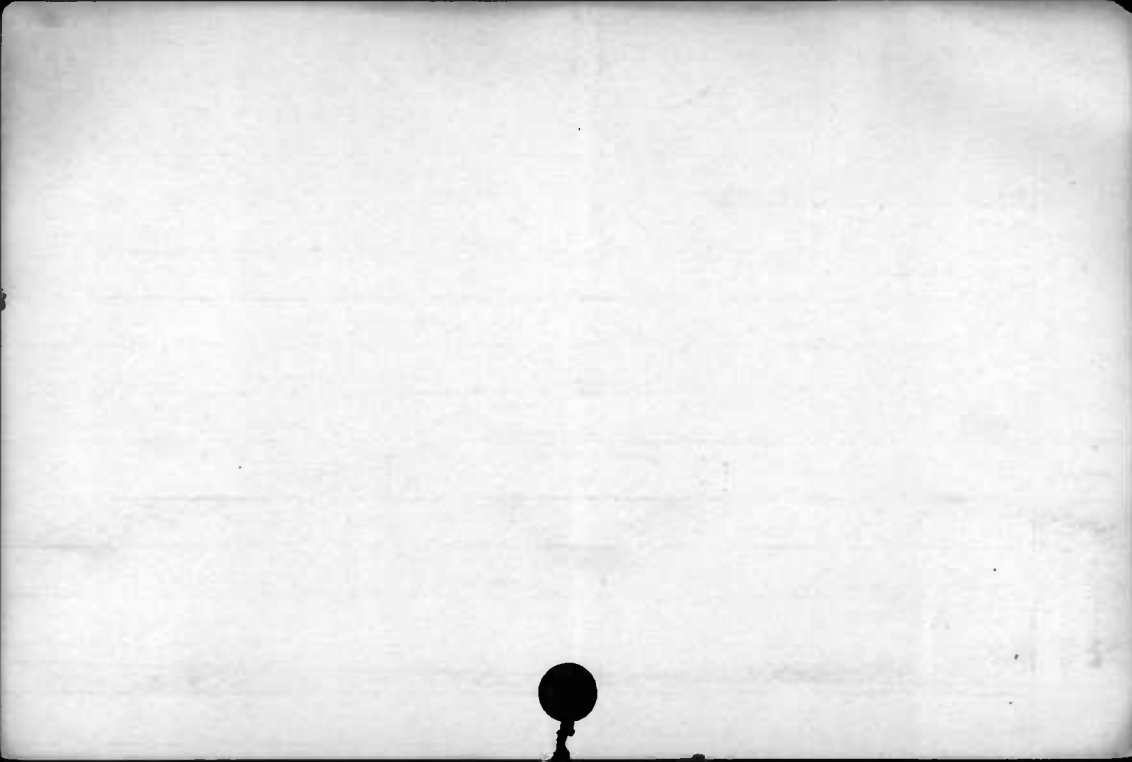
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Adam Shaffer</i>		Town <i>Carroll</i>		County <i>Carroll</i>		STATE <i>MARYLAND</i>	
Died at		Date of death 1902		Month <i>Aug</i>	Day <i>29</i>	Age <i>78</i>	Years <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Widower</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>—</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>Edw Shaffer</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Sub Acute Gastritis</i>	How long <i>6 months</i>
Immediate <i>Eph aneurism</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>Wendell</i>
	Address <i>Westminster</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Golda Bell Frebert ~~Shaver~~ ~~Shanser~~

Died at

Town
Tanner

County

Carroll

MARYLAND

Date 1902

Month Day

Aug 16

Y. M. D.

Native of

Occupation

Age

9

Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's
Name

Frebert Shaver

Mother's

Maiden Name

8
Tanner

Cause of

Primary

How long sick

Death

Immediate

Hoofnagel

Accident, Suicide, Homicide

Reported by

James. Stover

Address

Westminster

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Leister, Church,

Name in Full		Clarence E Shyrock				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>near Westminster</i>		County <i>Carroll</i>		MARYLAND	
		Date of death 190 <i>2</i> Aug	Month	Day <i>14</i> 14	Years	Months <i>4</i>	Days <i>25</i>
		Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
		Married, Single or Widowed <i>Single</i>		Occupation			
		Name of Wife or Husband					
TO BE ANSWERED BY PHYSICIAN OR CORONER		Father's Name <i>Harry J Shyrock</i>			Father's Birthplace <i>Maryland</i>		
		Mother's Maiden Name <i>Eva G Moring</i>			Mother's Birthplace <i>Pennsylvania</i>		
		Name of person giving information <i>Harry J Shyrock</i>			How related to deceased <i>Father</i>		
		CAUSES OF DEATH					
TO BE ANSWERED BY PHYSICIAN OR CORONER		Primary <i>Meningitis</i>		How long <i>61</i>		How long <i>7 days</i>	
		Immediate					
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thos. J. Coonan M.D.</i>			
				Address <i>Westminster</i>			
TO BE ANSWERED BY PHYSICIAN OR CORONER		Accident or Suicide?					

mt. joy. Adams Co Pa

Thomas

Name
in
Full

Josephus. Stonisifer ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Westminster

Town

County

Carroll

MARYLAND

Date

of death 1902

2

Aug.

Month

14th

Day

Age 58-

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Pennsylvania

Married, Single
or Widowed

Married

Occupation

Shoe Maker

Name of Wife or
Husband

Mary E Stone

Father's
Name

Henry Stonisifer

Father's
Birthplace

Maryland

Mother's
Maiden Name

Rachel Matthias

Mother's
Birthplace

Maryland

Name of person giving
In formation

Mary E Stonisifer

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Cancer of Throat

29

How long

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Jas. H. Billingslea M.D.

Address

Westminster Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

Shaner

Margaret Ann Stoussifer.

Died at ^{Town} Taneyton ^{County} Carroll

MARYLAND

Date 1902 ^{Month} 8 ^{Day} 25 ^{Y.} Age 28 ^{M.} 27 ^{D.} 7 ^{Native of} ^{Occupation} Housewife
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Color~~ ~~Single~~ ~~Widower~~ Number of children living one

Husband of Charles Stoussifer
 Wife
 Father's Name
 Mother's Name

Cause of Death { Primary Consumption 27
 Immediate Exhaustion
 How long sick 8 month
~~Accident, Suicide, Homicide~~

Reported by G. H. Seiss M.D.
 Address Taneyton. M.D.



Sophia Sturbin

Town

County

Died at Springfield State Hospital, Sykesville, MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Age 60 Austria Unknown.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

one

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Dementia

Death

Immediate

Shock and hemorrhage

How long sick

68

Accident, Suicide, Homicide

Reported by

J. C. Clark M.D.

Address

Sykesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Emeline Janner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sandville</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u> ^{Month} <u>Aug</u> ^{Day}	<u>14</u> ^{Day}	Age <u>84</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>Widow</u>		Occupation <u>—</u>			
Name of Wife or Husband <u>Jacob Janner</u>					
Father's Name <u>John Fisher</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Elizabeth Fisher</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving Information <u>Geo W Janner</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Apoplexy</u>	How long <u>1 hour</u>
Immediate <u>—</u>	How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Jos. D. Herring</u>
	Address <u>Westminster</u>
Accident or Suicide? <u>—</u>	<u>249</u>

Sandy Mount

Shomer

Name In Full

Certificate of Death

Larence Taylor

Died at ^{Town} Westminster ^{County} Carroll MARYLAND

Month Day Y. M. D. Native of Occupation

Date 19 August 11 Age 7.7 md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's Name Larence Taylor

Mother's

Maiden Name

R. 105

Cause of Primary Brain disease

How long sick

2 weeks

Death

Immediate

Cholera Infantum

Accident, Suicide, Homicide

Reported by

M. L. Batt

Address

Westminster

md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Col. Burin Ground
Hesley Chapel

Name in Full

Certificate of Death

Lydia Anne Wentz.

Town

County

Died at

near Westminster Carroll

MARYLAND

Date 19

02 Aug. 20

Age

Y. M. D. 24. 4. 7.

Native of

Md.

Occupation

Seamstress

Male

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

John V. Wentz

Mother's

Maiden Name

Catharine Royer

Cause of

Primary

Typhoid Fever

How long sick

12 days

Death

Immediate

Meningitis.

~~Accident, Suicide, Homicide~~

Reported by

Chas. R. Foutz, M.D.

Address

Westminster, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

1/2riders Cemetery

Died at		Town		County		MARYLAND		
		Newport		Carroll				
Date		Month	Day	Y.	M.	D.	Native of	Occupation
1902		Aug	29	1	5		Md	
Male		White		Married		Widow		Divorced
Female		Colored		Single		Widower		Number of children living
Husband of								
Wife								
Father's Name		Chas Vitt				Mother's Name		
Cause of		Primary						How long sick
Death		Immediate						Three weeks
Reported by		A. T. Prank						
Address		Taylorville Md						
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.								



Name In Full

Certificate of Death

Charles Godfrey. Gugling

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Aug 17

Age 12.19.6

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Mother's

Maiden Name

Frank Gugling

Estella Deaton

Cause of

Primary

How long sick

Death

Immediate

convulsions

Accident, Suicide, Homicide

Reported by

James M. Storer

Address

Westminster MD.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Meadow Branch